

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-7-05</u>		2 Serial/Patent # <u>10/519632</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>50</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>
		8 TO BE REFUNDED BY:	
		<input type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment		9 <u>03--2468</u>	
10 REASON:		No Fee Due (Explanation):	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>	
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>	
OFFICE: <u>PCT - DO/ED</u>		*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B